

ARKANSAS INSURANCE DEPARTMENT RATE FILING ABSTRACT

Form RF-1

Rev. 4/96

Insurer Name: Grain Dealers Mutual Insurance Company
 NAIC Number: 082 22098
 Name of Advisory Organization Whose Filing You are Referencing ISO _____
 Co. Affiliation to Advisory Organization: Member x Subscriber _____ Service Purchaser _____
 Reference Filing #: HO-2005-RLA1 Proposed Effective Date: 05-01-06

Contact Person: Pamela L. Holliday
 Signature: _____
 Telephone No: 800.428.7081 ext. 4515

(1) LINE OF INSURANCE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (If Applicable)	(8) Co. Current Loss Cost Multiplier
Homeowners	See ISO Circular	-0.39	.5139	1.10	2.140	N/A	2.238
TOTAL OVERALL EFFECT			-0.39%	.5139	1.100	2.140	2.038

No Apply Lost Cost Factors to Future Filings? (Y or N)
0.15 Estimated Maximum Rate Increase for any Arkansas Insured (%)
9.13 Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RF-2 or RF-WC

								Selected Provisions	
Rate Change History				5 Year History					
Year	Policy Count	%	Eff. Date	AR Earned Premium (000)	Incurred Losses (000)	Arkansas Loss Ratio	Countrywide Loss Ratio	A. Total Production Expense	28.00
05	577	4.29	02/01/05	442	140	31.8%	101.2%	B. General Expense	13.50
04	894	2.31	04/01/04	512	173	33.7%	72.8%	C. Taxes, License & Fees	3.25
03	894			582	860	147.8%	101.5%	D. Underwriting Profit & Contingencies	5.00
02	1086	5.19	01/01/02	408	310	75.9%	91.8%	E. Other (explain)	-1.14
01	640			277	65	23.6%	93.1%	F. TOTAL	51.39